

MaineCare Managed Care Specialized Service Committee (SSC) Meeting Minutes

July 26, 2010, Office of MaineCare Services Staff Education and Training Unit Room

More detailed information can be found at:

http://maine.gov/dhhs/oms/mgd_care/mgd_care_index.html

SSC Attendees

Betsy Sawyer Manter (EIM/Senior Plus), Brenda Gallant (Long Term Care Ombudsman), Kathryn Pears (Maine Chapter; Alzheimer's Association), Leo Delicata (Legal Services for the Elderly), MaryLou Dyer (ME Association of Community Service Providers), Nancy Cronin (ME Developmental Disabilities Council), Rose Strout (Homeless Voices for Justice/ MaineCare Member), Betsy Grass (Alpha One Now), Bev Baker (Maine Parent Federation), Monica Elwell (Advocacy Initiative Network)

Public Attendees

Judiann Smith (Spurwink), Mary Henderson (MEJP)

Project Staff

Tony Marple (DHHS, MaineCare Services), Stefanie Nadeau (DHHS, MaineCare Services), Sarah Stewart (DHHS, MaineCare Services), Shannon Martin (DHHS, MaineCare Services), Paul Saucier (Muskie), Nadine Edris (Muskie), Julie Fralich (Muskie)

Overview

The Specialized Service Committee (SSC) meeting began with a high level overview of the Managed Care initiative including the background, goals, key milestones, and timeline:

- Feasibility of Risk-Based Contracting in the MaineCare program with report from Maine Department of Health and Human Services to DHHS legislative committee (This report is available at: http://maine.gov/dhhs/oms/mgd_care/mgd_care_index.html)
- Importance of Stakeholder and member engagement
- Organization of external stakeholder committees and internal DHHS organization
- Projected impact on quality and health outcomes

- Population health focus
- Net savings over time
- Need for a less reactive and more proactive MaineCare model
- Various types of Medicaid Managed Care programs in existence nationally
- Proposed phases of MaineCare Managed Care enrollment for members
- Study of literature from other states' Managed Care experiences – must be careful in comparisons because there are so many different models
- What is needed for the Managed Care initiative to be successful in Maine
- Proposed timeline of Managed Care roll-out
- Need for individualized, coordinated services, inclusive and cost-effective healthcare for members with a need for special services

Questions/Concerns and Key Discussion Points

- **Naming the committee**
 - Consensus that Special Needs Committee should be renamed to a more service centered term
 - Specific Needs Committee and Specialized Services Committee were suggested
 - **Action: decided on Specialized Services Committee (SSC)**
- **Phasing in enrollment of MaineCare population**
 - Early identification and consideration of the members who need specialized services even during first phase of enrollment (parents and children)
 - The parent and child may both use specialized services so how are these populations being phased in?
 - Specialized Services Committee will help with early identification of those groups and how to phase them in.
 - Is there a separate Request for Proposal (RFP) for each phase?
 - There is still work to be done around the RFP process
 - There may not be a need for separate RFPs but amendments to the original RFP, with broad considerations for phases two and three considered in phase one
- **Purpose of the shift to Managed Care**
 - What is the incentive to improve quality of care?
 - When the institutional level of care services have not been cut in the budget and community based services have been, how will that work in the budget when the goal is to have savings at the institutional level?
 - Care Coordination and Case Management

- Targeted case management- The person could have 4 or 5 different treatment plans. Will managed care provide the venue to look at the service structures now and how to coordinate care and make the structure more efficient, cost effective and effective for the family and individual? We need to examine our current landscape to help direct us to where we need to go.
 - Opportunity to look at the structure for positive changes.
 - How does the Managed Care initiative relate to the Office of Adult Mental Health (OAMH) changing to a recovery orientated system of care? It is anticipated that it is aligned and we will know more in the fall of 2010.
 - What is the possibility of having a robust care coordination initiative for populations represented in this room? What if the State would have the authority but would subcontract one or two care management entities that would manage the populations and be responsible for everything from community care to acute care with a care manager to help inform the consumer about medical necessity of a health service to solve the problem of lack of communication and overlap of services?
- How is MaineCare different today then from the 90's when Managed Care was first attempted?
- **Traditional Managed Care v. Accountable Care**
 - What does full risk contracting mean?
 - MaineCare may initially implement a hybrid of managed care and accountable care. The state of Arizona is used as an example of a progressive Medicaid managed care program.
- **HealthCare Reform**
 - Noncategorical members will increase by 30,000 members
 - Health Insurance Exchange may be used as a brokerage, e.g. advising members on different plans and benefits offered such as how it works for enrolling in Medicare Part D
 - Allows for mixed Medicaid/Medicare dollars
 - Should Managed Care be larger than just MaineCare? What about programs that are totally state funded? How will Managed Care work for people that move between programs?
- **Draft Purpose of SSC subcommittee**
 - Add tapping into expertise of SSC re: disabilities of all types, dual eligible individuals, and chronic conditions
 - Avoid jargon, no acronyms unless explained
- **Draft Rules of Engagement**

- Confidentiality –It is important when documenting minutes to capture questions, comments, big discussion points, and recommendations without listing attributions
 - Particularly for the Member Standing Committee (MSC) no mention of names
 - If a personal story is shared it will not be tied to the member
 - Always consider meeting locations that are physically accessible
- **Communication**
 - Sarah Stewart is the point of contact for the Department
 - Various forms of communications will be employed for this initiative

Stakeholder Engagement

- **Purpose of the SSC**
 - Communication to/from the Stakeholder Advisory Committee (SAC)
 - Input and feedback to the SAC as well as information back from the SAC
 - More detailed discussions about specific populations/specialized services
 - Input from the Member Standing Committee (MSC)
 - Help inform recommendations for a design model
 - Help inform recommendations around enrollment phasing of the MaineCare population and members with specialized services
 - Membership of the committees may change as implementation progresses, e.g. SAC may expand and include more SSC members as phase two and three nears
- **Summary of the first SAC meeting July 15, 2010**
 - Two SSC members provided a summary of the 7/15/2010 SAC meeting
 - Overview and background information
 - Questions/concerns/issues raised
 - When specific populations should be enrolled
 - Glossary of acronyms/terms
 - Thoughtful use of language
 - Naming of committees
 - Mental health will not be carved out but included in an integrated physical and mental health approach
 - Federal requirements and limitations of Managed Care
 - Purpose of SAC is a clearinghouse with ability to make recommendations to the Department gathering and using information from the MSC and SSC
 - The SAC chairperson structure is being reconsidered to avoid chairs who may have conflicts of interest if they are potential bidders
 - Mandatory/voluntary enrollment of populations
 - Healthcare reform's impact
 - Coordination of care

- Member representatives for MSC in active recruitment phase

Next Steps

- Determine population breakdowns
- Glossary of common terms and acronyms is underway
- It was recommended that committee meetings be available by telephone or webcast in the future
- Meeting schedule is:
 - September 13
 - October 12
 - November 15
 - December 13
- Meetings will be held from 1:00-4:00. Location TBD.